



## Mortgage Broker License Renewal Instructions

### Important Information - Read Carefully and Make Note: This information affects the timely renewing of your license with this Department:

As long as a license was issued on or before 9/30/2006, the license must be renewed.

**Instructions:** Legibly print or type all answers. All questions and statements must be completed. If the answer is "NONE" or "N/A" so state. Whether you are renewing, requesting inactive status, reactivating or maintaining inactive status the renewal application must be completely filled out, signed by an officer of the licensee, notarized and must be accompanied by the prescribed fee(s).

**Order Now:** You must provide a "current" (August 1st 2006 or newer) CERTIFICATE OF GOOD STANDING from the Arizona Corporation Commission (ACC) with your renewal. Contact the ACC Corporate Records Section at (602) 542-3026 or toll free within Arizona at (800) 345-5819, or via website at [www.cc.state.az.us](http://www.cc.state.az.us). Licensees such as a sole proprietor, which are not subject to the Arizona Business Corporation Act regulated by the ACC, will not be required to provide one.

If your company holds more than one (1) mortgage broker license with this Department do not include with this renewal package any other licensee renewals, documents, fees or information that does not apply to the licensee name/address and license number you list on page 1. Submit each license renewal separately.

**Time Sensitive:** A.R.S. § 6-904 (B) requires that the renewal package be received in our office on or before September 30<sup>th</sup> or the license will be suspended. A penalty fee of \$25.00 per day will be assessed on all renewals received after September 30<sup>th</sup>. Renewals that are postmarked on or before September 30<sup>th</sup>, but received after that date will be assessed the penalty beginning October 1<sup>st</sup>. There will be no exceptions. If an incomplete renewal package is submitted, the \$25.00 fee will be assessed for each day the application package remains incomplete, until October 31<sup>st</sup>, at which time the license will expire.

**Changes To Your License:** The licensee is required to notify this department at the time changes are being made (Do not wait until renewal) regarding the license (i.e. licensee name, address, responsible individual, office closure, bond, change of control, top five officers/trustees/partners/directors/owners). Your renewal is not complete until these changes have been processed by this Department. Note: If the licensee waits until renewal time to notify the department of any changes regarding their license, a civil money penalty may be assessed.

**How To Make Changes To Your License:** For instructions on how to make changes to your current license visit our website at [azdfi.gov](http://azdfi.gov) click on Licensing then download Information about Changes to your License. To acquire the necessary forms download the Mortgage Broker Application.

**To verify** that this department received your renewal, check with your courier or the mail delivery service that you used. Phone verifications will not be done until after all renewals have been processed.

**To verify** when your renewal has been renewed by the Department, visit our website at [azdfi.gov](http://azdfi.gov) click on List of Licensees then click on Mortgage Brokers then do a Ctrl+F to activate the find feature, then enter the licensee name or license number. Our website updates nightly. Licensees only appear on our website if their status is Active. Your license has renewed if 09/30/2007 appears in the Expires date field. Renew early to allow for renewal processing time.

New licenses are not issued just because your license renewed, unless changes were made to the license and the type of change required the original license to be returned.

### Licensing Division



## Mortgage Broker Renewal Application

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Legibly Print Or Type All Information - Do not leave any blanks

There must be an answer provided for each inquiry therefore, if not applicable use "None" or "N/A"

Do not add attachments in lieu of completing our form.

## 1. Principal ARIZONA Licensed Location:

Company Name:			License #: <b>MB-</b>		
Doing Business As:					
E-Mail Address:					
Physical Address:					
City:				State:	
				Zip Code:	
Telephone Number:		FAX Number:		Tax ID Number:	
				Fiscal Year End:	

## 2. Mailing Address if different from the above licensed primary address:

Physical Address:			E-Mail Address:		
City:			State:		Zip Code:
			Telephone Number:		FAX Number:

## 3. Corporate Address: (if different from principal licensed location in Arizona)

Company Name:					
Physical Address:			E-Mail Address:		
City:			State:		Zip Code:
			Telephone Number:		FAX Number:

4. Not limited solely to Arizona real estate, list by type the number and dollar amount of all real estate loans that closed during the calendar year, 2005.

Type	Number of Loans	Amount
a. Acquisition, Development, Construction	#	\$
b. One to Four Family Residential	#	\$
c. Multi-Family Residential	#	\$
d. Nonresidential Properties	#	\$
e. Home Equity	#	\$
f. Other (provide description)	#	\$
<b>TOTAL OF #4 a through f above</b>	<b>#</b>	<b>\$</b>

## 5. Check the applicable box (See Question #4 above for total number of loans.)

I choose to renew my mortgage broker license. I closed 50 loans or fewer in 2005. The fee is \$250 for the principal office.	<input type="checkbox"/>
I choose to renew my mortgage broker license. I closed more than 50 loans in 2005. The fee is \$500 for the principal office.	<input type="checkbox"/>
I choose to cancel my license. I have enclosed the original(s) of my license(s), including all branch offices along with a letter of cancellation and information pertaining to where my records will be stored. See A.R.S. § 6-906 (A) retention of mortgage loan records.	<input type="checkbox"/>
<b>A LICENSEE MAY NOT BE ON INACTIVE STATUS FOR MORE THAN TWO CONSECUTIVE YEARS, NOR FOR MORE THAN FOUR YEARS IN ANY TEN YEAR PERIOD.</b>	
I choose to reactivate my inactive license. I have enclosed my check for \$250, the address and telephone number of where business is to be conducted, my surety bond or certificate of deposit in the appropriate amount and certificate of good standing from the Corporation Commission, if applicable.	<input type="checkbox"/>
I choose to continue inactive status of my license. I have enclosed my check for \$250.	<input type="checkbox"/>
I choose to place my license in an inactive status. I have enclosed my check for \$250, the original(s) of my license(s), including all branch offices. While I am inactive, I can be reached at the following address _____ and telephone, number is ( ) _____.	<input type="checkbox"/>



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6. January 1, through July 31, 2006 **Arizona** loan volume

#

\$

7. Do you use any investors other than institutional investors? Institutional investor is defined as a state or national bank, a state or federal savings and loan association, a state or federal savings bank, a state or federal credit union, a federal government agency or instrumentality, a quasi-federal government agency, a financial enterprise, a licensed real estate broker or salesman, a profit sharing or pension trust, or an insurance company

☐ Yes  
☐ No

8. Are you carrying the appropriate bond coverage? How much? \_\_\_\_\_ The Bond/CD requirement is ten thousand (\$10,000) dollars for licensees whose investors are limited solely to institutional investors, and fifteen thousand (\$15,000) dollars for licensees whose investors include any non-institutional investors.

☐ Yes  
☐ No

## 9. Arizona Responsible Individual: Must attach a legible copy of the Arizona driver's license.

Name:		Title:	
Is the Arizona Responsible Individual an Arizona resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		AZ Driver's License Number:	
Residential Address	City	State:	Zip Code:
Residential Telephone Number:	Email Address		

## List other Arizona Business interests of the responsible individual. Use addition sheets, if necessary

Name of Business:	Capacity:
Name of Business:	Capacity:

## 10. Arizona Employees:

a. Number of Employees at the AZ Principal Office:    b. Number of employees at the AZ branches:    c. Total number of employees working in AZ:

11. Current Ownership. If applicant is owned by an entity, provide the name of the entity and its corporate financials. If owned by individuals, provide the names and percentage owned of each person. List additional owners on a separate sheet.

Name	Title	% Owner
Ownership Must total 100%		%

## 12. Control. List all persons who have the power to vote more than twenty percent of outstanding voting shares of the licensed corporation, partnership, association or trust. List additional names on a separate sheet.

Name	Title	% of outstanding voting shares

## 13. List the top (5) persons (the persons who make the day to day decisions); officers directors, partners, members, trustees whichever is applicable. If any of the top (5) people on file have changed since the last filing and you have not sent us a Personal History Form with a Fingerprint Card you must do so now. (Fingerprint Fee is \$29 per card and should be on a separate check from renewal fees)

a. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business
b. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business
c. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business



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d. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business
e. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business

14. Since the license was issued (10/01/05 to 9/30/06) or since the last renewal (9/30/05) has the licensee or any owner, officer, director, member, trustee, partner, responsible individual thereof;

**If you answer "Yes" to any of the questions you must attach the appropriate paperwork (description & final disposition)**

a. been convicted of a criminal offense other than minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. been sued in a civil action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. had a final judgment issued against him/her/it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. had an order entered against him/her/it by an administrative agency of this state, the Federal government or any other state or territory of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. been found guilty of fraud in connection with any transaction governed by Title 6, Chapter 9, Article 2, Arizona Revised Statutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. been indicted or informed against for forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud or like offenses? (If yes, furnish certified copy of the indictment or information to the charge.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. **Records** kept off-site or out-of-state; and/or on a computer or mechanical record keeping system; for compliance see statute A.R.S. §6-906(A). If you agree to **all** conditions listed under A.R.S. 6-906(A), please provide the location where the Arizona records will be kept.

Will records be kept on a computer record keeping system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address Line:			
City:	State:	Zip Code:	
Contact Person:	Telephone Number:		

16. List all names, locations and license numbers of branches. Do not count or list the Arizona Principal Location as a Branch. (Use a separate sheet for additional branches if necessary.)

a. Designated Branch Manager (Overseer or Contact Person)	Branch Number MBBR-		
Address	City	State:	Zip Code:
Telephone Number:	Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location		
b. Designated Branch Manager (Overseer or Contact Person)	Branch Number MBBR -		
Address	City	State:	Zip Code:
Telephone Number:	Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location		
c. Designated Branch Manager (Overseer or Contact Person)	Branch Number MBBR -		
Address	City	State:	Zip Code:
Telephone Number:	Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location		

17. **Changes to License: NOTE: This renewal will not be processed until the appropriate paperwork is received for all changes.**

Have there been any changes to name, address, officer changes, ownership change, or responsible individual change since your last renewal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does the Department have the appropriate paperwork on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. **Certificate of Good Standing:**

Have you enclosed a copy of the current "Certificate of Good Standing from the Arizona Corporation Commission? Corporations, LLC's, LC's must comply. If No, write NA if this does not apply to your business	<input type="checkbox"/> Yes <input type="checkbox"/> No
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19. Renewal Fees:	Fees
<b>AZ Principal Place of Business Renewing</b> Either \$250.00 or \$500.00 See box you checked for question number 4.	\$
<b>Active Branches Renewing</b> Enter \$200.00 per branch listed in question 16.	\$
<b>Late Penalties (if applicable)</b> Enter \$25.00 per day beginning 10/01 to date received.	\$
<b>License Changes and Other Fees (See instructions on how to make changes to your license)</b>	
<b>Name Change</b> Enter \$250.00 per license & Include original license(s).	\$
<b>Address Change</b> Enter \$50.00 per location & Include original license.	\$
<b>Responsible Individual Change</b> Enter \$250.00 and include all required documentation.	\$
<b>Fingerprint Card(s)</b> Enter \$29.00 per card. <b>Fingerprint fees must be submitted on a separate check from all other fee types.</b>	\$
<b>Duplicate License</b> Enter \$100.00 per license	\$
<b>Total All Lines</b> Pay the amount entered here.	\$

**CHECKLIST -- DID YOU REMEMBER TO:**

- ☐ Legibly print or type all answers
- ☐ Answer ALL questions or statements if not applicable with "NONE" or "N/A"
- ☐ Label all attachments properly
- ☐ Have an Officer of the Licensee sign the renewal & get it Notarized
- ☐ Enclose a **copy** of your Certificate of Good Standing from the ARIZONA Corporation Commission
- ☐ Enclose the prescribed fee(s)
- ☐ Add the late fees of \$25 per day to your renewal if it will be received after September 30<sup>th</sup> (if applicable)
- ☐ Make a copy, for your records, of your completed renewal before submitting the original to this Department

**Make Check(s) payable to: Arizona Department of Financial Institutions or AZDFI**

**AND Remit To:** 2910 N. 44<sup>th</sup> Street, Suite 310  
Phoenix, AZ 85018

**20. Licensing Compliance Administrator to contact regarding the processing of this Renewal OR to return Renewal to if submitted incorrectly:**

Name:	Title:	E-Mail Address:
Direct Telephone Number & Extension:		FAX Number:
Business Address:		
City:	State:	City:

**Affidavit – Must be Signed by an Officer and Notarized**

STATE OF \_\_\_\_\_

ss

COUNTY OF \_\_\_\_\_

I \_\_\_\_\_ being duly sworn, depose and say that I have signed the  
foregoing application as \_\_\_\_\_ of the above named applicant, having full authority  
to sign such application in said capacity; that I have read said application and that the information contained therein is true.

(Date)

(Officer's Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

My Commission Expires \_\_\_\_\_

(Notary Public Signature)